

FINANCIAL AFFIDAVIT

JUL 23
(REV. 5/03)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT ☐ OTHER PANEL (Specify below):

IN THE CASE OF

USA

vs. RobersonFOR Northern District of IllinoisAT Western Division

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

SHERMAN F. ROBERSON
FILED

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify):

DOCKET NUMBERS

Magistrate

District Court

08CR50020

Court of Appeals

CHARGE/OFFENSE (describe applicable box only) ☒ Felony ☐ Misdemeanor

APR 23 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

ANSWERS TO QUESTIONS REGARDING ASSETS & LIABILITIES

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment: _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, how much does your Spouse earn per month? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount: \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND DESCRIBE IT	VALUE	DESCRIPTION
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>2</u>
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors: <u>NONE</u>
			Total Debt: \$ _____ Monthly Pay: \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

04/23/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTING)